शंकरानंद): (क) उपलब्ध सूचना के अनुसार देश में 63 मनोरोग चिकित्सालय हैं।

(ख) जी, नहीं।

(ग) और (घ) वर्तमान में केन्द्रीय मनःचिकित्सा संस्थान, रांची में दो विदेशी रोगियों को भर्ती किया गया है। ऐसे रोगियों के लिए सरकार से कोई अनुदान प्राप्त नहीं होता।

Statistics on Family Welfare Programme

1696. SHRI DILIP SINGH JUDEV: Will the Minister of HEALTH AND *FAMILY WELFARE be pleased to state:

(a) the State/Union Territory-wise number of urban and rural Family Welfare Centres, sub-centres and post partum centres at district and sub-divisional level separately as on November 30, 1993;

(b) the staffing norm for each unit separately;

(c) the jurisdiction norm in terms of population of each;

(d) the percentage of staff actually in position as on April to November 1, 1993 in the country state/union territory-wise; and

(e) the physical achievements of the Family Welfare Programme during each of the last three years, state/union territory-wise?

THE MINSTER OF HEALTH AND^ FAMILY WELFARE (SHRI B. SHANKARANAND): (a) State/Union Territory-wise details are at Annexure-I. *[See* Appendix No. CLXIX, Annexure No. 42.

(b) The staffing norm for each unit is at Annexure-I

(c) Population norms are fixed for Sub-Centres and Urban Family Welfare Centres only. Details are at Annexure-I

(d) (i) Staff position as available for Sub-Centres, Post Partum Centres at District & Sub-District Level is at Annexure-I.

(ii) Staff position of Urban Family Welfare Centres and Rural Family Welfare Centres is not being monitored at the Central Level.

(e) The physcial achievements of the Family Planning Programme for the last three years/Union Territory-wise is at Annexure-I.

Causes of Failure of Measures to Check Tuberculosis

1697. SHRI AHMED MOHAMMED BHAI PATEL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that there is sharp increase in TB cases assuming alarming proportion in the country and that the percentage of annual death rate due to TB has considerably risen;

(b) if so, what on an average TB cases in the country have been rising annually and what is the approximate number of people in the country infected with TB;

(c) which of the State in the country has the largest number of TB cases;

(d) what are the reasons identified for failure of the measures taken so far to control TB in the country;

(e) what are the main causes identified for the growing number of TB cases in the country; and

(f) What Stratwgy has been formulated by Govcrnment to tackle the rising number of TB. cases in the country?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B, SHANKARANAND): (a) to (f) According to available information there is no significant change in the incidence of TB or mortality on account of TB. The disease is spread uniformly throughout the country with an estimated 3.S million sputum positive cases and therefore States having larger population have larger number of persons suffering from TB. The TB Control Programme can be made more effective by provision

of more funds for Supervised Short course Chemotherapy and achievement of higher cure rate through more effective health education and strengthening of logistics and supervision. A proposal has been made for World Bank Assistance to augment the Programmes along these lines.

Family Welfare Services to control population

1698. SHRI IQBAL SINGH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased state:

(a) whether it is a fact that free Family Welfare services are available in the various states at the rural or urban level to control rapid population growth;

(b) if so, the details thereof in this respect;

(c) whether Government have formulated any long-term policy to control the population in the country; and

(d) if so, the details thereof and if not the reasons therefor?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARANAND): (a) Yes, Sir.

(b) Free Family Welfare services including sterilisation, IUD insertion, supply of condoms and oral pills, Immunization and Maternal & Child Health Care services are available through a network of health care delivery institutions throughout the country.

(c) and (d) A result Oriented Action Plan has been formulated in consultation with the State Governments and Union Territory Administrations. Major programme initiatives include the Child Survival and Safe Motherhood Programme, the Social Safety Net Scheme in 90 identified poor performing districts, schemes for involving Non-Governmental Organisations, implementation of Area Projects, training for skill development of para medical and medical staff and traditional birth attendants. A Group of Experts has been constituted to prepare a draft of the National Population Policy taking into account the recommendations of the NDC Committee on Population.

Committee of NDC for population control

1699. SHRI MURLIDHAR CHANDRAKANT BHANDARE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased state:

(a) whether a Committee of National Development Council was constituted to formulate future policies and plan of action for population control;

(b) if so, what are the details thereof;

(c) whether the Committee has submitted its report;

(d) if so, what are the major recommendations of the Committee; and

(e) what action has been taken on these recommendations?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARANAND): (a) Yes, Sir.

(b) Composition of the Committee and its terms of reference are given in the enclosed Statement I & II. *(see* below)

(c) Yes, Sir.

(d) The Committee has made wide ranging recommendations, inter alia, on strengthening of infrastructure for improving quality of services, training, multi sectoral coordination, community involvement, decentralised planning etc.

(e) The recommendations are under consideration.

Statement I

Composition of Committee of the N.D.C. on population

1.	Shri K. Karunakaran, Chief Minister, Kerala	Chairman
2.	Smt. Margaret Alva, Minister of State in the Ministry of Personnel, Public Grievances and Pensions	Member
3.	Shri Sunder Lai Patwa Then Chief Minister, Madhya Pradesh	Member